



City of New Bedford, Massachusetts
Building Department
Application for Plan Examination
and Building Permit

FOR BUILDING DEPT. USE

DATE RECEIVED:

RECEIVED BY:

ISSUED BY:

JUL 16 2014

IMPORTANT — COMPLETE ALL ITEMS — MARK BOXES WHERE APPLICABLE — PRINT

Permit No.
Completion Date

(AT LOCATION)

94

(NO)

FRONT

STREET

(STREET)

BETWEEN

(CROSS STREET)

AND

(CROSS STREET)

PLOT

53

LOT

195

DISTRICT

HISTORIC

ACCEPTED STREET

PLANS FILED.

☒ YES

☐ NO

INDA

II. TYPE AND COST OF BUILDING — all applicants complete parts A through D — PRINT

A. TYPE OF IMPROVEMENT

- 1 ☐ New Building
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 14)
3 ☒ Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)
4 ☐ Repair, replacement
5 ☐ Demolition (If multifamily residential, enter number of units in building in Part D, 14, if non-residential, indicate most recent use checking D-18 - D-32)
6 ☐ Moving (relocation)
7 ☐ Foundation only

D1 PROPOSED USE — For demolition most recent use

Residential

- 13 ☐ One family
14 ☐ Two or more family — Enter number of units
15 ☐ Transient hotel, motel, or dormitory — Enter number of units
16 ☐ Garage
17 ☐ Carport
18 ☐ Other — Specify Restaurant

Nonresidential

- 19 ☐ Amusement, recreational
20 ☐ Church, other religious
21 ☐ Industrial
22 ☐ Parking garage
23 ☐ Service station, repair garage
24 ☐ Hospital, institutional
25 ☐ Office, bank, professional
26 ☐ Public utility
27 ☐ School, library, other educational
28 ☐ Stores, mercantile
29 ☐ Tanks, towers
30 ☐ Funeral homes
31 ☐ Food establishments
32 ☐ Other — Specify

B. OWNERSHIP

- 8 ☒ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D2. Does this building contain asbestos?

☐ YES ☒ NO If yes complete the following:

Name & Address of Asbestos Removal Firm:

Submit copy of notification sent to DECE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed

C. COST

10. Cost of construction \$ 20,000 (Omit cents)
To be installed but not included in the above cost
a. Electrical
b. Plumbing
c. Heating, air conditioning
d. Other (elevator, etc.)
11. TOTAL VALUE OF CONSTRUCTION 20,000
12. TOTAL ASSESSED BLDG. VALUE

D3. Non-residential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

Addition of a Deck

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings complete part E through L. For demolition, complete only parts G; H & I.
For all others, (additions, alterations, repair, moving, foundation), complete E through L.

E. PRINCIPAL TYPE OF FRAME

- 33 ☒ Masonry (wall bearing)
34 ☐ Wood frame
35 ☐ Structural steel
36 ☐ Reinforced concrete
37 ☐ Other — Specify

G. TYPE OF SEWAGE DISPOSAL

- 43 ☒ Public or private company
44 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 45 ☒ Public or private company
46 ☐ Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

- 38 ☒ Gas
39 ☐ Oil
40 ☐ Electricity
41 ☐ Coal
42 ☐ Other — Specify

I. TYPE OF MECHANICAL

- Is there a fire sprinkler system?
47 ☒ YES 48 ☐ NO
Will there be central air conditioning?
49 ☐ Yes 50 ☐ No
Will there be an elevator?
51 ☐ Yes 52 ☐ No

J. DIMENSIONS

- 53 Number of stories 1
54 Height
55 Total square feet of floor area, all floors based on exterior dimensions
56 Building length
57 Building width
58 Total sq. ft. of bldg. footprint
59 Front lot line width
60 Rear lot line width
61 Depth of lot
62 Total sq. ft. of lot size
63 % of lot occupied by bldg. (56+57)
64 Distance from lot line (front)
65 Distance from lot line (rear)
66 Distance from lot line (left)
67 Distance from lot line (right)

OTHER APPLICABLE REVIEWS

K. FLOODPLAIN

Is location within flood hazard area? yes no

If yes, zone : _____ and base elevation _____

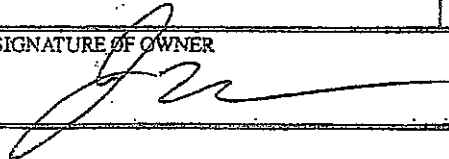
L. WETLANDS PROTECTION

Is location subject to flooding? _____

Is location part of a known wetland? _____

Has local conservation commission reviewed this site? _____

IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT

OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
NB Vision Inc.	94 FRONT ST-		508-985-8098
	NB MA 02740		
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
R.P. Valois		LICENSE #	508-509-
Farkland Corp.			7579
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Timothy Johnson	343 W. Broadway St- ^{St-108}	LICENSE #	617-417-1182
	Boston MA 02127		
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
	Jason Lanagan	7/16/14	

Omission of reference to any provision shall not nullify any requirement of this code nor exempt any structure from such requirement.

The applicants understands and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Barriers board, Department of Environmental Protection Agency and may be forwarded for review to all pertinent local city agencies which may express specific concerns. It is understood that the issuance of a permit shall not serve as an acceptance or acknowledgment of compliance nor exempt any structure from such requirement. The permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code or local code of ordinances, except as specifically stipulated by modification or legally granted variation in accordance with Section 122.0 of State Building Code or local code of ordinances.

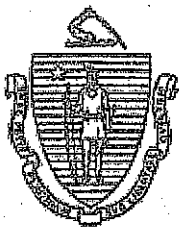
I have read the above and sign under pain and penalty of perjury as to the truth of all of the information and statements contained in sections I through IV of this application.

Applicant's Signature

Address

City

29 Union St. NB MA 02746



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): FARLAND Corp.

Address: 390 County

City/State/Zip: New Bedford MA 01974 Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Partners Insurance

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 7/16/14

Phone #: 508-545-8898

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

V. OTHER JURISDICTION APPROVALS AND NOTIFICATION

APPROVAL	CHECK	DATE OBTAINED	BY
Electrical			
Plumbing			
Fire Department			
Water			
Planning			
Conservation			
Public Works			
Health			
Licensing			
Other			

VI. ZONING REVIEW

DISTRICT: _____ USE: _____

FRONTAGE: _____ LOT SIZE: _____

SETBACKS: _____

FRONT: _____ LEFT SIDE: _____ RIGHT SIDE: _____ REAR: _____

PERCENTAGE OF LOT COVERAGE PRIMARY BUILDING _____

VARIANCE HISTORY _____

VII. WORKER'S COMPENSATION INSURANCE AFFIDAVIT

I, _____
(licensee/permittee) with a principal place of business/residence at:

(City/State/Zip) do hereby certify, under the pains and penalties of perjury, that:

☐ I am an employer providing worker's compensation coverage for my employees working on this job.

Insurance Company

Policy Number

☐ I am a sole proprietor and have no one working for me.

☐ I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following worker's compensation insurance policies:

Ferland Corp.
Name of contractor Insurance Company/policy number

Name of contractor Insurance Company/policy number

☐ I am a homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (GL. C. 152, sect. 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this 7/16/14 day of July, 2014

IX. HOMEOWNER LICENSE EXEMPTION**Supplement #1**

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)

DEFINITION OF HOMEOWNER:

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling, attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the City of New Bedford Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE _____

X. CONSTRUCTION DEBRIS DISPOSAL**Supplement #2**

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A

The debris will be disposed of in: _____

(Location of Facility)

Signature of Permit Applicant _____

Date

XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement #3

MGLC. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: ADDITION OF A DECKEst. Cost \$20,000

Address of Work _____

Owner Name: _____

Date of Permit Application: _____

I hereby certify that: Registration is not required for the following reason(s):

_____ Work excluded by law

_____ Job under \$1,000

_____ Building not owner-occupied

_____ Owner obtaining own permit

Other (specify) _____

Notice is hereby given that:

OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLC. 142A.

signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date _____

Contractor Signature _____

Registration No. _____

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date _____

Owner Signature _____

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected

☒ Special Permit

Rejection Date

7/25 20 14

Reason For Rejection:

Variance From ZBASEE Attachments

Fee _____

Permit # _____

Comments and Conditions:

Signed _____

Date: _____ 20 _____

Title _____

Not valid unless signed (not stamped) by Building Commissioner

Special Permit

5300- Special Permits

5310- Special Permit Granting Authority

5320- Criteria

5330- Procedures

5360- Conditions

5370- Lapse

5380- Regulations

5390- Fees

Special Permit

5300- Special Permits

5310- Special Permit Granting Authority

5320- Criteria

5330- Procedures

5360- Conditions

5370- Lapse

5380- Regulations

5390- Fees